

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

February 27, 2023

[REDACTED]
1263 S CEDAR CREST BLVD SENIOR LIVING I OPCO LLC
[REDACTED]
[REDACTED]

RE: RITTENHOUSE VILLAGE AT LEHIGH
VALLEY
1263 S CEDAR CREST BOULEVARD
ALLENTOWN, PA, 18103
LICENSE/COC#: 22301

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/18/2023, 01/30/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: RITTENHOUSE VILLAGE AT LEHIGH VALLEY License #: 22301 License Expiration: 08/23/2023
 Address: 1263 S CEDAR CREST BOULEVARD, ALLENTOWN, PA 18103
 County: LEHIGH Region: NORTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: 1263 S CEDAR CREST BLVD SENIOR LIVING I OPCO LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: 11 Date: 03/07/2016 Issued By: L&I

Staffing Hours

Resident Support Staff: Total Daily Staff: 120 Waking Staff: 90

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident, Settlement Exit Conference Date: 01/30/2023

Inspection Dates and Department Representative

01/18/2023 On Site [REDACTED]
 01/30/2023 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 110 Residents Served: 86

Secured Dementia Care Unit
 In Home: Yes Area: n/a Capacity: 34 Residents Served: 23

Hospice
 Current Residents: 8

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 86
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 34 Have Physical Disability: 1

Inspections / Reviews

01/18/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/09/2023

02/09/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/24/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/14/2023

Inspections / Reviews (*continued*)

02/22/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/24/2023

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 02/27/2023

02/27/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 02/24/2023

Reviewer: [REDACTED] Follow-Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On or around [redacted]/22 resident #1 [redacted] into their throat mistaking the spray for medicated throat spray for a sore throat [redacted]. The incident was not reported to the department's regional office.

Plan of Correction

Accept ([redacted] - 02/22/2023)

- All department heads and nursing staff in serviced by Executive Director which will include a quiz trainee must complete to demonstrate comprehension on 16.c. To be completed by 2/15/23
- All incidents to be reported to all department heads or manager on duty daily by nursing staff starting on 2/9/2023 to ensure reporting within 24 hours.

Licensee's Proposed Overall Completion Date: 02/09/2023

Implemented [redacted] - 02/27/2023)

25c2 - Fee Schedule

2. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

Resident #2's contract, signed [redacted]/22, indicates that the resident declined cable services and personal care service charges would be [redacted] per month. On [redacted]/23, the resident was charged [redacted] for cable television and [redacted] for care services.

Plan of Correction

Accept ([redacted] - 02/22/2023)

- BOM immediately issued refund to correct the error on 1/18/23
- Any future move ins with a projected rate change the BOM will submit an incentive to address the rate change at time of move in when sending in contract to central billing office. ED to sign off on all incentives starting 2/9/23

Licensee's Proposed Overall Completion Date: 02/09/2023

Implemented [redacted] - 02/27/2023)

141a - Medical Evaluation

3. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #3 was admitted to the home on [redacted]/21. The resident’s initial Documentation of Medical Evaluation

141a - Medical Evaluation (continued)

(DME) form was completed on [REDACTED] 22, more than 60 days prior to admission.

Plan of Correction

Accepted [REDACTED] 02/22/2023)

--ED / DHW to sign off on all DME's prior to admission to ensure compliance starting on 2/9/23

- DHW to audit 10% of resident charts by 2/15/23 to ensure compliance

Licensee's Proposed Overall Completion Date: 02/09/2023

Implemented [REDACTED] 02/27/2023)

227d - Support Plan Medical/Dental

4. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

On or around [REDACTED] 22 resident #1 sprayed [REDACTED] into their mouth believing the spray to be a medicated sore throat spray. The resident's support plan dated [REDACTED] 22 was not updated regarding the incident and the need to re-educate the resident regarding self medication and possible toxic substances.

Plan of Correction

Accepted [REDACTED] 02/22/2023)

--ED / DHW to sign off on all DME's prior to admission to ensure compliance starting 2/9/23

- DHW to audit 10% of RASPs for next four months to ensure compliance starting 2/9/23

This plan of correction is submitted as required under state and/or Federal law. The submission of this plan of correction does not constitute an admission on the part of the community as to the accuracy of the accuracy of the surveyors' findings or the conclusions drawn therefrom. Submission of this plan also does not constitute an admission that the findings constitute a deficiency or that the scope of severity regarding the deficiency cited are correctly applied. Any changes to the community's policies and procedures should be considered subsequent remedial measures as the concept is employed in Rule 407 of the Federal Rule of Evidence, corresponding state rules of civil procedures and should be inadmissible in any proceedings on that basis. The community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the community or any agent, officer, director, attorney, or shareholder of the community or affiliated companies

Licensee's Proposed Overall Completion Date: 02/09/2023

Implemented [REDACTED] - 02/27/2023)